

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0015	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/26/2019
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF SUFFOLK		STREET ADDRESS, CITY, STATE, ZIP CODE 2580 PRUDEN BOULEVARD SUFFOLK, VA 23434		
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F 000	Initial Comments An unannounced biennial State Licensure inspection was conducted 7/24/19 through 7/26/19. The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities. Four complaints were investigated during the survey. The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 59 resident reviews: 49 current residents and 10 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Regulations for the Licensure of Nursing Facilities: 12 VAC 5-371-150 (B. 1). Resident Rights. Please Cross-Reference to F-622 and F-625 12 VAC 5-371-220 (A) & (D) Nursing Services Please Cross Reference to F-695 12 VAC 5-371-220 (A) & (D) Nursing Services Please Cross Reference to F-698 12 VAC 5-371-250 (C) Resident Assessment and Care Planning. Please cross reference F-657 12 VAC 5-371-340 (A) Dietary and food service program. Cross reference F-812 12 VAC-371-370 (A) Maintenance and Housekeeping. Cross reference F-584	F 001	12 VAC 5-371-150 (B. 1). Please cross reference plan of correction for F-622 and F-625. 12 VAC 5-371-220 (A) & (D). Please cross reference plan of correction for F-695. 12 VAC 5-371-220 (A) & (D). Please cross reference plan of correction for F-698. 12 VAC 5-371-250 (C). Please cross reference plan of correction for F-657. 12 VAC 5-371-340 (A). Please cross reference plan of correction for F-812. 12 VAC-371-370 (A). Please cross reference plan of correction for F-584. 12 VAC-371-370 (E). Please cross reference plan of correction for F-925.	8/26/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

08/15/19

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F 001	<p>Continued From page 1</p> <p>12 VAC-371-370 (E) Maintenance and Housekeeping. Cross reference F-925</p> <p>12 VAC 5-371-220 (F) Quality of Life. ADL Care Provided for Dependent Residents.</p> <p>Based on resident interview, staff interviews and clinical record review the facility staff failed to provide personal care to include 2 showers per week for 2 residents (Resident #100 and #18) in the survey sample of 59, who were unable to independently carry out activities of daily living (ADL's).</p> <p>The findings included:</p> <p>1. Resident #100 was originally admitted to the facility on 10/06/18. Diagnosis for Resident #100 included but are not limited to *Morbid (severe) obesity. Resident #100's Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 07/11/19 coded the resident with a 13 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating no cognitive impairment. In addition, the MDS coded Resident #100 total dependent of two with bathing and toileting, extensive assistance of two with bed mobility, dressing, toilet use and personal hygiene for Activities of Daily Living (ADL) care.</p> <p>Resident #100's comprehensive care plan with a revision date of 07/18/19 documented Resident #100 had an ADL self-care deficit related weakness, decreased mobility, Congestive Heart Failure and morbid obesity. The goal: needs will be met through next review date (10/09/19). One of the interventions to manage goal include assisting Resident #100 with ADL's.</p>	F 001	<p>12 VAC 5-371-220 (F).</p> <p>1. Resident #100 no longer resides at facility however facility did order a bariatric shower bed on 08/09/19. Resident #18 received a shower on 07/27/19.</p> <p>2. 100% audit of current residents to ensure showers are scheduled and received per regulation.</p> <p>3. Education by the DON or designee for nursing staff on resident rights to include reasonable accommodation of needs and scheduling of showers 2 times a week and CNA documenting performance of showers.</p> <p>4. Audit by Unit Manager 5 times a week x 12 weeks to ensure showers are provided as scheduled.</p> <p>Audit results to be shared in QAPI for review and revision.</p> <p>5. 08/26/19.</p> <p>12 VAC 5-371-150 (H).</p> <p>1. Resident #28 had a sex offender check obtained immediately with negative results.</p> <p>2. 100% audit of current residents was performed and sex offender report was obtained on all residents.</p> <p>3. Education by Administrator for Admissions Director regarding Saber's policy on registered sex offenders.</p> <p>4. Administrator will audit all new admissions to ensure sex offender registry has been obtained 5 days a week x 12 weeks.</p> <p>Audit results to be shared in QAPI for</p>	

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F 001	<p>Continued From page 2</p> <p>An interview was conducted with Resident #100 on 11/24/19 at approximately 11:30 a.m. Resident #100 stated, "I have not had a shower since I've been here." The surveyor asked, "When were you admitted to the facility" she replied, "October of last year." The resident said the staff are not even asking me if I want my showers, they just bathe me in bed." The surveyor asked, "Do you want showers?" she said, "I do but they don't have a shower bed large enough for me because of my size; that is what the CNA's are telling me. The resident said the shower chair would not work because I use a lift to get up because I cannot stand; I do not feel safe in a shower chair but would like a larger shower bed so I can my showers.</p> <p>The review of West Unit shower schedule indicated that Resident #100 was scheduled to receive her twice weekly showers every Wednesday and Saturday (7 AM-3 PM shift).</p> <p>Review of Resident 100's ADL Verification Worksheet revealed the following: Showers were not given in the months of April, May, or June 2019.</p> <p>An interview was conducted with Certified Nursing Assistant (CNA) #6 on 07/26/19 at approximately 12:32 p.m. The CNA stated, "I have never given Resident #100 a shower since I've been assigned to her nor have anyone ask me to help them with giving her a shower." She said the resident use to refuse but now I just give her a good bed bath. She said the nurses are informed that Resident #100 refused her showers but now after so many times of asking and Resident #100 refusing to take showers, I just go ahead a given her a bed bath. The surveyor</p>	F 001	<p>review and revision. 5. 08/26/19.</p>	

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F 001	<p>Continued From page 3</p> <p>asked, "Did you document that Resident #100 refused her showers" she replied, "No."</p> <p>On 07/26/19 at approximately 12:42 p.m., an interview was conducted with CNA #5 who stated, "I gave Resident #100 her showers when she first arrived at the facility but that was a long time ago." She said most of the time Resident #100 will refuse her showers so a bed bath is given. The surveyor asked, "Do you document when Resident #100 refused her showers, she replied, "No but I use to tell the nurse but now I just give her bed baths."</p> <p>An interview was conducted with the Unit Manager (West Hall) on 07/26/19 at approximately 1:27 p.m. The Unit Manager said she was not aware that Resident #100 was not receiving her showers. She stated, "I expect for all resident's to receive showers are they desire or as scheduled unless they refused." She said if resident refuses their showers, the charge nurse to be notified so they can intervene and if they continue to refuse; document the refusal in the resident's clinical record.</p> <p>The facility's policy titled Bathing/Showering (Revision date: 05/20/15). -Policy: Assistance with showering and bathing will be provided at least twice a week and as needed to cleanse and refresh the resident.</p> <p>2. The facility staff failed to ensure Resident #18 was offered and provided at least two showers per week.</p> <p>Resident #18 was admitted to the nursing facility with diagnoses that included generalized anxiety disorder, schizophrenia, depression and lack of coordination.</p>	F 001			

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F 001	<p>Continued From page 4</p> <p>The admission Minimum Data Set (MDS) assessment dated 5/1/19 coded the resident with a score of 12 out of a score of 15 on the Brief Interview for Mental Status (BIMS) which indicated the resident was modified in the necessary skills needed for daily decision making. The resident was assessed to require supervision of one staff for locomotion on and off the unit, needed extensive assistance from one staff for personal hygiene and could bath self with oversight help only.</p> <p>The care plan dated 5/18/18 identified the resident had expected Activity of Daily Living (ADL) decline related to vision impairment, anxiety, depression and schizophrenia. The goal set by the staff for the resident was that the resident would receive and maintain existing ADL self performance. Some of the approaches to accomplish this goal included resident would like only females for showers twice a week, bathing and personal care. The resident was not care planned to refuse showers and staff to anticipate needs and assist as needed.</p> <p>There was no physician's order that prohibited showers.</p> <p>On 7/25/19 at 9:00 a.m., Resident #18 asked another surveyor to get a couple of wash clothes and stated she wanted to wash her face and bottom because the staff never give her showers on a regular basis.</p> <p>On 7/25/19 at 10:30 a.m., an interview was conducted with Certified Nursing Assistant (CNA) #10. She stated two showers are offered all residents unless there were orders not to shower them. She stated the procedure was to offer the</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>shower and if they refused to report it to the nurse, then go back and re-offer at a better time. She stated the nurse would document in the nurse's notes if the resident refused and what action she took. According to CNA #10 the care tracker would have a record of any showers given or refused.</p> <p>On 7/26/19 at 12:15 p.m., Resident #18 stated, "I am not getting my showers like I should and I want to be clean when I go out with my family on Saturdays."</p> <p>The shower schedule was reviewed and revealed showers for Resident #18 was scheduled on Wednesday and Saturday on the 3 PM-11 PM shift. May through July 2019 showers were reviewed on the care tracker. There were no entries that indicated the resident was given showers for May 1, 4 or 25; June 5, 15 or 22 and July 6, 17 and 20. Nor were there entries in the shower section of the CNA care tracker documentation that indicated any showers were offered and/or refused by the resident. There were no nurse's notes that indicated the resident refused showers or that nursing offered another time to give showers.</p> <p>During debriefing on 7/26/19 at 5:20 p.m., the aforementioned issue was brought to the attention of the Administrator, Interim Director of Nursing (IDON) and the Regional Administrator. The IDON reiterated two showers should be provided residents and if they refuse, it should be documented on the care tracker. If there were problems encountered that prohibited showers, the nurse should be informed with action taken for alternate shower times.</p> <p>12 VAC 5-371-150 (H). Resident Rights.</p> <p>The facility staff failed to check prior to admission</p>	F 001		

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F 001	<p>Continued From page 6</p> <p>whether potential residents are registered sex offenders for 1 of 59 residents in the survey sample (Resident #28).</p> <p>Based on staff interview, documentation review and review of the facility's policy, the facility staff failed to determine if one (Resident #28) of 59 residents in the survey sample, prior to admission, was registered as a sex offender and failed to provide evidence that the facility provided Resident #28 with information on how to access the Sex Offender Registry, and failed to evidence that the facility obtained signed acknowledgement from Resident #28.</p> <p>The findings included:</p> <p>Resident #28 was admitted to the facility on 01/21/19. He has never been discharged. Diagnosis for Resident #28 included but are not limited to *Dementia with behavioral disturbances. Resident #28's Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 07/11/19 coded the resident with a 00 out of a possible score of 15 on the Brief Interview for Mental Status (BIMS), indicating severe cognitive impairment.</p> <p>An interview was conducted with Director of Admission on 07/26/19 at approximately 1:48 p.m. He was asked to provide evidence that the facility, prior to Resident #28's admission, checked to see if resident was registered as a sex offender. He was also asked to provide evidence that the facility provided Resident #28 with information on how to assess the Sex Offender Registry and evidence that the facility obtained signed acknowledgement from Resident #28. On the same day at approximately 2:13 p.m., the Admission Director stated, "I am unable</p>	F 001			

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F 001	<p>Continued From page 7</p> <p>to locate evidence in the resident's medical record."</p> <p>The Administrator, Director of Nursing and Regional Administrator was informed of the finding during a briefing on 07/26/19 at approximately 5:15 p.m. The facility did not present any further information about the findings.</p> <p>The facility's policy titled Registered Sex Offender (Revision date: October 2016). -Policy: The facility will ensure all regulations are followed and maintain safety for all residents and staff.</p>	F 001			